



Surname : Forename:..... Middle Name:
(Must be surname on child's birth certificate)

Chosen Name : Date of Birth: Gender: (F/M):

Address:
..... Post Code:

Email Address:

Home Telephone No: Name of Doctor:

Address of Doctor/Practice Tel No of Dr:

Medical conditions or information that you wish the school to record :

ONLY TO BE COMPLETED IF YOUR CHILD IS TRANSERRING FROM ANOTHER SCHOOL/NURSERY		
Name & Address of Previous School/Nursery	Date of Admission	Date of Leaving
.....
.....

Siblings

If there are older brothers or sisters in the school, please give the name and present year group of the next oldest child.

Child:..... Class

Child: Class:

Ethnic origin Please study the list below and tick one box only to indicate the ethnic background of the pupil or child named above. Please also tick whether the form was filled in by a parent.

- | | | | |
|---|---|---|---|
| White | Mixed | Asian or Asian British | Black or Black British |
| <input type="checkbox"/> WHB British | <input type="checkbox"/> MWB White & Black Caribbean | <input type="checkbox"/> AIN Indian | <input type="checkbox"/> BLB Caribbean |
| <input type="checkbox"/> WHR Irish | <input type="checkbox"/> MBA White & Black African | <input type="checkbox"/> APK Pakistani | <input type="checkbox"/> BLF African |
| <input type="checkbox"/> WHT Traveler of Irish Heritage | <input type="checkbox"/> MWA White & Asian | <input type="checkbox"/> ABA Bangladeshi | <input type="checkbox"/> BLG Any Other Black Background |
| <input type="checkbox"/> WRO Gypsy/Roma | <input type="checkbox"/> MOT Any other mixed background | <input type="checkbox"/> Any other Asian Background | |
| <input type="checkbox"/> WHA Any other White background | | | |

CHE Chinese OEO Any other ethnic background REF I do not wish an ethnic background category to be recorded.

Nationality: Country of Birth:

This information was provided by : () Parent

Religion: Please tick appropriate box

CHR-Christian RC - Roman Catholic OTH -Other.....

Language:- Please tick appropriate box

ENG-English OTH- Other

Is English the child's second language? Yes No

The definition of EAL is as follows: A first language, where it is other than English, is recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community. Where a child was exposed to more than one language (which may include English) during early development, the language other than English is recorded, irrespective of the child's proficiency in English.

Please add contact details below.

Please give details of any court orders relating to the child and their effect. If there are implications for the school, please discuss these with us in confidence.

.....

Please give details below of all persons who have any legal responsibility for this pupil and anyone else who could be contacted should an emergency arise when you are unavailable. Please list mother and father and then any other contact in priority order, who you would like us to telephone in an emergency.

Married/Separated/Divorced parents – both have parental responsibility, even if they do not live with the child.

(Relations should be shown as PAR (mother/father) STP (carer who is a partner of a mother/father, living with child, GRP (Grandparent) NGB (neighbour) FOS (Foster Carer) REL (other relatives) CON (Other contact persons) CHM (Childminder)

Surname:	Title
Forename:	
Contact Priority 1.	Gender M/F
Day Tel No.:	
Day Place :	
Home Address :	
.....	
Post Code	
Home Tel No.	
Email.	
Parental Responsibility (Y/N)	
Relation	

Surname:	Title
Forename:	
Contact Priority 2.	Gender M/F
Day Tel No.:	
Day Place :	
Home Address :	
.....	
Post Code	
Home Tel No.	
Email.	
Parental Responsibility (Y/N)	
Relation	

Surname:	Title
Forename:	
Contact Priority 3.	Gender M/F
Day Tel No.:	
Day Place :	
Home Address :	
.....	
Post Code	
Home Tel No.	
Email.	
Parental Responsibility (Y/N)	
Relation	

Surname:	Title
Forename:	
Contact Priority 4.	Gender M/F
Day Tel No.:	
Day Place :	
Home Address :	
.....	
Post Code	
Home Tel No.	
Email.	
Parental Responsibility (Y/N)	
Relation	

This form should be signed by someone with Parental Responsibility	
Signature	Date
(Parent/Guardian)	